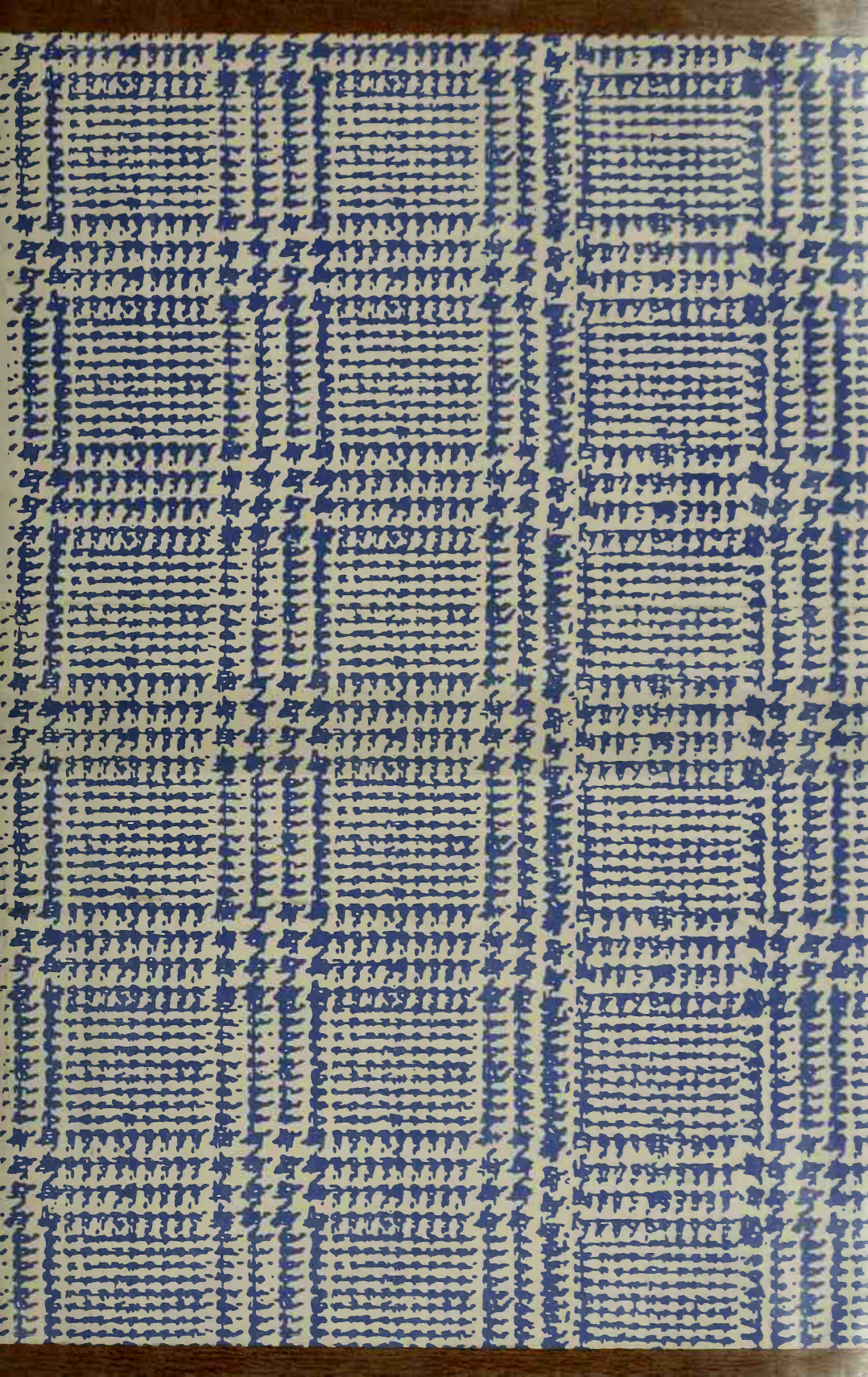

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THE NEWS LETTER

NUMBER 59 NEW YORK, N. Y. DECEMBER, 1926

GOOD EYESIGHT
THE BIRTHRIGHT OF EVERY CHILD

ISSUED BY
THE NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS, INC.
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THE NEWS LETTER

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LOUISA LEE SCHUYLER, 1837–1926

Born in a period when the place and voice of woman were in the home, Louisa Lee Schuyler was destined to be an example of what a woman with sterling mind and staunch character can do in the world. From earliest girlhood she was a dominant figure in social work. In her early twenties she had already conceived the idea of the organization which grew to be the State Charities Aid Association. To be sure, its fruition was postponed for a period of ten years through the interruption of the Civil War and the many beneficent activities she engaged in during that time, but the fact that the conception did remain rooted through all those years and bloomed, is another indication of her profound sustaining qualities.

Not only could she wait ten years to carry out an ideal, but she could also respond at once to an inspiration and make it an enduring monument. Such indeed was her inspired conception of the Committee which, through her stimulation and endeavor, developed into the National Committee for the Prevention of Blindness. The idea, coming to her at a time when most women would have felt that their share of worldly care and obligation was past, struck her receptive mind. That blindness in babies could be prevented, and was not, through ignorance, challenged her personally.

She has told, better than any one else could, how she conceived the idea of prevention of blindness work. She described how her attention had been directed to the need of such preventive work through a printed report on the condition of the blind in New York State made by a Commission appointed by the Legislature for the purpose. She told how horrified she was at the announcement that many, many children were blind unnecessarily, and that these children need never have been blind or never would have been blind had a simple precaution been taken at the time of their birth.

"I was horror-stricken. 'Unnecessarily blind,' I exclaimed. 'Why then are they blind? Something must be done about this!' " Thus she expressed herself regarding the first intimation she had that blindness could be prevented, and something was done about it. She immediately called a meeting of the writer of the report, Dr. Park Lewis, who still is one of our most active officers, together with a number of other socially minded acquaintances, many of whom are still active, and that gathering was the nucleus of the New York State Committee for the Prevention of Blindness which became the National Committee in 1915.

Readers of THE NEWS LETTER need no review of Miss Schuyler's personal services. She gave of herself, as founder, as second vice-president, and as a member of the executive committee. She gave of her mind even after time had wrought its ravages on her tired body, and her spirit is a gift for all time.

The National Committee for the Prevention of Blindness cannot pay too high a tribute to the memory of one who never failed to see when something was to be done and did it. There is no marble fine enough to commemorate the rarity of her splendor. She has left behind her monuments of nobler quality. The State Charities Aid Association is one, the Bellevue Training School for Nurses is another, and, not least of them, is the National Committee for the Prevention of Blindness.

ANNUAL MEETING

The annual conference of the National Committee for the Prevention of Blindness will be held on December 1 and 2 in the Russell Sage Foundation Building, 130 East 22d Street, New York City. The annual business meeting will be held on Thursday, December 2, at 4 o'clock.

It is planned to center this year's annual meeting about the memory of Miss Schuyler. Other activities of the conference will include a conference of sight-saving class teachers and school executives, a meeting to discuss trachoma in its public health aspects, and a meeting for public health nurses, especially those engaged in public school work, with special reference to vision tests and the responsibility of public health nurses in the conservation of vision program. Another meeting will be devoted to a consideration of the relationship of eye conditions to venereal diseases.

All interested in any phase of preventing blindness and conserving sight are most cordially invited to attend the annual conference of the National Committee for the Prevention of Blindness.

This constitutes the legal notice of the annual business meeting to members.

NURSES IN PREVENTION OF BLINDNESS

A growing need is being felt on the part of lay and official agencies for a public health nurse in prevention of blindness work. Some local organizations for the blind have already appointed

public health nurses to undertake this particular work, but there is great need to define just what such nurse's duties should include. In general, her work should be largely cooperative. In such cooperation she should cultivate and know the following:

1. The medical profession, especially the public health administrators, school health supervisors, and ophthalmologists; adapt programs to their approval.
2. The midwives of the district.
3. All graduate and under-graduate nursing agencies, bedside nurses, generalized public health nurses, specialized public health workers, such as welfare, tuberculosis, and school nurses and the superintendents of the training schools for nursing.
4. The principals, supervisors, and teachers of the public schools, together with the medical and nursing personnel rendering school service with the thought of acquiring knowledge concerning lighting conditions of schoolrooms, the correction of remediable eye defects, the organization of sight saving classes, and placement of children therein, and the securing of treatment for remediable eye conditions.
5. All of the social and relief agencies in the community, those doing family rehabilitation work, making investigations preliminary to giving relief, as well as those doing follow-up work in rehabilitation of soldiers.
6. The clergy and semi-social workers attached to various churches.
7. Those engaged in industrial hygiene, with the thought of acquiring information concerning lighting and protecting devices in industry, including goggles equipment, and the operation of first-aid stations.

Regarding her follow-up case work, the nurse engaged for prevention of blindness work will find that in every community certain children, either in the early school period or of pre-school age, are found having congenital cataracts, squints, or other eye conditions, who need encouragement to secure medical care or to be studied by a clinic. Unless a community is adequately supplied with nurses, a certain amount of chaperonage is required to get remedial measures applied. Very often a liaison officer is a great advantage, especially in communities not having free eye clinics, to serve between the family and the family doctor or to accompany the child to and fro from the family doctor to an oculist willing to

make the necessary study. Similar negotiation work is an aid when the errors are susceptible of correction by suitably prescribed lenses.

In some communities such a liaison officer will need to develop, through the existing clubs, churches, and social agencies, funds for maintenance of free clinic service, or for filling prescriptions, or for furnishing frames and lenses to the poor. For some she may need to give or secure vocational advisement.

The duties, then, of such a nurse, should be a mixture of propaganda, miscellaneous education, and chaperonage, and the job should necessarily take shape as it is fitted into the various vacant niches of a community health program. By demonstrating each practical phase of work from year to year, the official health agencies, as they become more efficient, should gradually take over bit by bit that which had been proven a telling and worthwhile work.

The propaganda work should, of course, involve talking with miscellaneous groups; meeting with the organized nursing and helping agencies; teaching, if opportunity is afforded in schools and nurses' training schools; addresses to the medical profession, if ear may be secured; and in close cooperation with the official state agencies supervising midwifery, if welcomed to do so, in teaching these women better methods of prophylaxis of babies' eyes.

INTERPRETING SNELLEN'S CODE

By permission of the editors of the *Public Health Nurse*, THE NEWS LETTER is privileged to reprint herewith an article prepared by the National Committee's Medical Director on interpreting the Snellen's code in vision tests:

"The use of Snellen Test Letters for readily noting refractive errors is common. Professional workers know that the letters are very carefully drawn to subtend an angle of 5°. The code adopted for recording refractive errors, while fully understood by ophthalmologists, is often used by teachers, school nurses, and sometimes by school physicians and family doctors as if the fraction recorded —20/40, 20/70, etc.—meant the fraction of vision remaining. The Snellen fraction used to record these readings should never be used to interpret the fraction of visual efficiency nor to estimate the percentage of loss of vision.

"The error of attempting to read the Snellen notation thus in Workmen's Compensation suits and in school groups became so prevalent that the Section on Ophthalmology of the American

Medical Association decided to draw up a report which might serve as a guide to lay workers and to courts desiring a statement in percentages showing the retained visual efficiency or loss of vision. This special report, entitled "Appraisal of Loss of Visual Efficiency," was approved as the standard method by the House of Delegates of the American Medical Association during the Atlantic City session, May 26, 1925, and is now available for distribution. The table published below has been abbreviated from the report by the American Medical Association.

"It would be well for school examiners, nurses and teachers who attempt to interpret visual error on the basis of Snellen Acuity Tests to consult this report and to be guided by it. This abbreviated table, or, better, the full table in the pamphlet report, will serve as a safe guide for those who need to convince parents of the wisdom of having corrected refractive errors that are screened out by use of the Snellen letters test in school work or in routine practice. So far as this simple acuity test is concerned, the interpretations will be helpful. In school work, however, a very considerable number of children will always need to be detected by careful study of the individual pupil and a search will need to be made for a history of eye strain to get a number of additional defects (hyperopia, astigmatism, etc.) that will not be brought out by Snellen test.

PERCENTAGE OF VISUAL EFFICIENCY RETAINED, BASED ON SNELLEN'S NOTATION, AND THE PERCENTAGE OF LOSS OF VISION, JUDGED FROM SAME NOTATION

Distance	Near	% of Visual Efficiency	% of Loss of Vision
20/20	14/14	100.0	0.0
20/30	14/21	91.5	8.5
20/40	14/28	83.6	16.4
20/50	14/35	76.5	23.5
20/70	14/49	64.0	36.0
20/100	14/70	48.9	51.1
20/200	14/140	20.0	80.0

TRACHOMA

One of the outstanding problems in the prevention of blindness campaign is the eradication of trachoma. Its ramifications not only involve a singularly American problem, that of the American Indian, but also an international problem, since trachoma is declared to be a reportable communicable disease and is subject to quarantine regulations.

Trachoma, a disease of the eye, occurs in almost every country,

notably in those sections that are congested, poor, or of arid climate. The Orient, Egypt, the Near East and Russia are known to have a high percentage of trachoma. History has indicated it from ancient times.

In America the problem centers itself largely about the American Indian and Southern mountaineer. Its eradication is hoped for by the Indian Bureau and the United States Public Health Service, the individual State Departments of Health, and voluntary agencies, such as the National Committee for the Prevention of Blindness and various volunteer agencies interested in the development of the Indians.

A recent review of the literature on trachoma made by the National Committee discloses the fact that surprisingly little has been ascertained about the etiology of trachoma. The past decade has rested on the germ theory, even though the literature discloses that at present there is no conclusive evidence that this is correct.

In view of the fact that trachoma has international as well as national aspects, and in the light of modern medical science, which is coming to recognize external as well as internal influences on the body, it is felt that an epidemiological study of trachoma is imperative. Such a study would involve not only the possibility of transmissibility, but an ascertainment of social and physical environment. It involves not only the possibility of isolating a causative germ, but a study of the living conditions, the food and climatic conditions to which those suffering from trachoma are subjected.

It is of interest to note that Dr. B. Franklin Royer, Medical Director, has recently made two tours among the Indians with a view of ascertaining their living conditions. On both trips he was accompanied by eminent ophthalmologists and public health officials, and on both journeys it was observed that those who are afflicted with trachoma have for a long time been unwisely fed and badly housed. Whether these conditions are factors in the etiology of trachoma is not known, but the possibility should not be disregarded in an epidemiological study of trachoma.

An epidemiological research such as would seem to be indicated would be costly and is likely to require a period of years for consummation. Perhaps it may not be done within the available funds allotted state health departments or provincial health departments, for research. The U. S. Public Health Service has

begun, and the Canadian Public Health Service and the other governmental health agencies of the world should enlist. The great Foundations may here find a useful field for research.

Trachoma is a great international menace, and is perhaps the greatest single cause of vision impairment and blindness. This wasteful scourge remains a health challenge and an economic challenge to international health effort and to the agencies promoting administrative health work.

NEWS NOTES

"Saving Eyes" and "Preventing Blindness."—Under the above titles two of New York's prominent and authoritative newspapers discussed on their editorial pages the work of the National Committee in such terms that its position in the esteem of the public cannot be questioned. The *New York Times* on September 27 devoted an entire editorial to a thorough analysis of the National Committee's work during the past year. Particularly was the editor impressed with the work of the preschool eye clinic at Hartley House, New York, established by the National Committee a short time ago as an experiment. The editorial says in part:

"One valuable work carried on by the Committee and furthered by the clinic is the reduction of blindness caused by babies' sore eyes. . . . Eleven years ago 28 per cent of the children in the schools for the blind had lost their sight through this one cause. The report for the past year shows that only 11 per cent had been so blinded. It is striking evidence of the increasing success of the movement to prevent blindness."

The *New York Herald Tribune* on September 28 reviewed the work of the Committee in its editorial column under the heading "Saving Eyes." Here, too, the editor was greatly impressed with the work of the National Committee, especially in its promotion of the preschool eye clinic:

"As the National Committee for the Prevention of Blindness gains members and the stronger support which it deserves, it is able to extend gradually its humanitarian work. In addition to services of long standing, the eleventh annual report of the Committee makes special note of the establishment of a pre-school eye clinic, the first, it is believed, in the United States."

Discussing the work of the National Committee, the editor concludes with the following statement:

" . . . The Committee has ample field for expansion in all its activities. It should not be forgotten by those who applaud its work that it is a volunteer organization, supported entirely by contributions and membership dues."

Color Blindness in Industry.—Archibald Eastwood Chace, M.D., before the Section on Ophthalmology at the Seventy-Seventh Annual Session of the American Medical Association at Dallas, Texas, gave a scholarly discussion on the subject of color blindness in industry and the ophthalmologists' responsibilities in conducting eye examinations. He concluded with the following challenge:

"Industry looks to the ophthalmologist to examine applicants and employees for color defects in vision without any question as to the quality of method or knowledge. How many are in a position to fulfil this trust, and what percentage make a sufficiently accurate determination in every case of defective color sense to be able by concerted action to reply in time to the many unanswered problems in this field?"

Jamestown Establishes Sight Saving Class.—As a result of the recent eye survey conducted in Jamestown, New York, through the cooperation of the National Committee with the State Department of Education, Jamestown School Board and the New York State Commission for the Blind, a sight saving class has been established this fall in Jamestown. In the survey it was found that of the 7,637 school children examined, 31 children had such poor vision that they could not be assigned for regular class work even after corrections were made. Jamestown, appreciating the importance of this information, selected from its staff of teachers one whom they believed to be competent to take charge of a sight saving class, and sent her to Cincinnati for the course given at the University of Cincinnati for teachers of sight saving classes. The class, organized several months ago, includes 15 children, and it is hoped that the time will not be long before all the children found to require special eye care will find room in sight saving classes.

Motion Pictures and Eyesight.—Two Los Angeles doctors, A. Ray Irvine and M. F. Weymann, have been experimenting on the effect of motion pictures on eyesight in regard to eyestrain. In their study they resorted to the use of the Ives apparatus which is considered the best index of retinal fatigue. The study included more

than 150 individuals—college students and a class of junior high school children and some business people. The authors' preliminary report, which was presented originally before the Section on Ophthalmology at the 77th Annual Session of the American Medical Association, appears in the October 2 *Journal* of the American Medical Association and gives the following conclusions:

"1. The Ives apparatus for testing visual acuity gives constant readings, and is dependable as a measure for small variation of visual acuity.

"2. More fatigue is evident after forty-five minutes of reading current magazines than by viewing either a black and white or a colored motion picture for one and one-half hours, if one uses the visual acuity as a criterion for fatigue.

"3. The viewing of colored pictures of the Technicolor process is not more fatiguing to the eyes than black and white pictures, but on the contrary seems to cause less fatigue as judged by the impairment of visual acuity.

"4. Those who suffer eyestrain from motion pictures are those who are unable to accomplish other ocular work without fatigue."

Saving Eyes and Eyesight.—The October, 1926, issue of *Industrial Psychology* contains a well-organized and stated article under the above title, by Joshua Eyre Hannum. It discusses the topics of eye hazards in industrial occupations and contains many sane safety slogans which industrial managers might well incorporate in their safety campaigns.

Insurance Company's Interest in Eye Accident Prevention.—Among the recent services extended by the Metropolitan Insurance Company to its group policy holders was an analysis of the cause of minor accidents to a company manufacturing ball-bearings. The company submitted its records to the Bureau for analysis, and the study conducted by the Bureau showed eye injuries to be the predominant cause. A safe eye protection was suggested and a definite educational program created to arouse the proper spirit of cooperation within the working force.

Conducts Trachoma Clinic.—In pursuit of his work on trachoma, Dr. L. Webster Fox, eminent ophthalmologist of Philadelphia, conducted a trachoma clinic at Browning, Montana, early in the Fall for the benefit of the Blackfeet Indians living in the vicinity. During a period of four days 120 operations were performed among the Indians, and physicians from the neighboring reservations came to observe. It is estimated that when the clinic ends trachoma on

the Blackfeet Reservation will have been reduced to approximately two per cent. This is quite a reduction when it is remembered that four years ago the rate was about 30 per cent.

COMMITTEE NOTES

The fall months' activities of the National Committee's staff have taken them to various points on the map. Mrs. Winifred Hathaway, Associate Director, continued with her study of myopic classes in England and Scotland. Already she has visited classes and clinics in London, Glasgow, Edinburgh, Birmingham and Bradford. She has communicated with the most eminent ophthalmological and educational authorities and brings back a wealth of information.

Both the Managing Director, Mr. Lewis H. Carris and the Medical Director, Dr. B. Franklin Royer, attended the annual meeting of the American Public Health Association in Buffalo and conferred with many interested in prevention of blindness work. Several days were spent by Mr. Carris in Wilkes-Barre, Pa., in cooperation with the local Association of the Blind. Previous to this visit, the Wilkes-Barre Association's newly appointed prevention of blindness nurse, Miss Anna M. Yeosock, spent several days at the National Committee's offices in conference with the individual staff members in order to ascertain how best to proceed with her work. Dr. Royer, in procedure of his activities, was called into conference by the Milbank Health Demonstration conducted in Syracuse regarding the testing of the eyesight of the school children in Syracuse. Later he was called upon to present the subject of prevention of blindness to a group of public health nurses in Binghamton, New York.

The Committee's Secretary, Miss Eleanor P. Brown, was engaged in making a two weeks' survey of eye conditions among the rural mountain peoples of Kentucky. In the conduct of this study, she was accompanied by Miss Helen Dingman, an instructor at Berea College, who is especially interested in public health among the rural folks. It is expected that further details of Miss Brown's trip will be available for publication in a forthcoming issue of the NEWS LETTER.

The Publicity Director, Mr. Louis Resnick, who has studied the industrial aspects of prevention of blindness, was called upon by the New York Industrial Nurses' Club to present this subject at a dinner meeting at the Central Club for Nurses.

ARTICLES OF INTEREST

TRACHOMA—James W. May, M.D. *Journal of the Kansas Medical Society*, August, 1926. Published by the Kansas Medical Society, Topeka, Kansas. This paper, which was read at the Annual Meeting of the Kansas Medical Society at Kansas City, discusses trachoma under the following topics: Etiology, symptoms, treatment, and complications. Regarding the last he points out that "Stucky lately has emphasized the systematic treatment for trachoma and in a recent letter says he is regulating the diet and giving his patients large quantities of cod-liver oil under the belief that there is lacking Vitamine A in the diet which may have its effect in producing trachoma. . . .

"Roentgen rays and radium have been and are being used with no startling results so far proven."

PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS, 1926. *Public Health*, September, 1926. Published by the Society of Medical Officers of Health, London, England. The editors discussed the difference between the regulations of 1914 with the new regulations which came into full operation on October 1, 1926. The former regulation imposes the duty of notification upon the midwife, having in mind that under the rules of the Central Midwives' Board she was required to call in medical help for any inflammation of or discharge from the eyes, however slight, and thus a medical practitioner was brought into attendance to notify if the case in his opinion was one falling within the definition of ophthalmia neonatorum. The new regulation relieves the midwife of notifying. In connection with the notification, the practitioner is required to give the date of the birth of the child, the name and address of the parent or other person in charge of the child, and the date of the onset of the disease. Further, it is required that the notification be enclosed in a sealed envelope in such a way that during transmission the particulars of the notification cannot be observed.

PREVENTION OF BLINDNESS, Park Lewis, M.D. *Journal of the Missouri State Medical Association*, October, 1926. Published by the Missouri State Medical Association, St. Louis, Missouri. The author, who originally presented this paper at the 69th Annual Meeting of the Missouri State Medical Association in St. Louis, discusses the prevention of blindness from the point of

view of preventing congenital syphilis; accidents and injuries; trachoma; and from the point of view of conserving the sight of school children.

THE EYE RESEARCH BUREAU. *Journal of the Missouri State Medical Association*, October, 1926. Published by the Missouri State Medical Association, St. Louis, Missouri. The editor describes the Wintersteiner collection of about 12,000 slides extended to the St. Louis University School of Medicine through the generosity of Mr. Charles Rebstock, a director of the Missouri Association for the Blind, who secured this collection. In addition to the Wintersteiner collection, the Eye Research Bureau includes a laboratory in operation for the sectioning and staining of ocular tissue. The Bureau is maintained conjointly by the Missouri Association for the Blind and the St. Louis University School of Medicine.

HIGH INCIDENCE OF OPHTHALMIA NEONATORUM SHOULD BE REDUCED. *Health News*, October 11, 1926. Published by the New York State Department of Health, Albany, New York. Discusses the incidence of ophthalmia neonatorum in New York. In the eighteen-month period between January 1, 1925, and June 30, 1926, 56 cases have been reported in New York State, exclusive of New York City. Birth certificates indicate that 47 of these children were attended by physicians, eight by midwives and one had no professional attention. Reports of the effect of treatment of the infection were secured from 25 out of the 56 cases. Of these 25, one child became blind, two children were left with badly impaired vision, 10 completely recovered, one child died, and in the remainder of the cases the condition improved somewhat.

PUBLICATIONS RECEIVED

Among the publications received are the following:

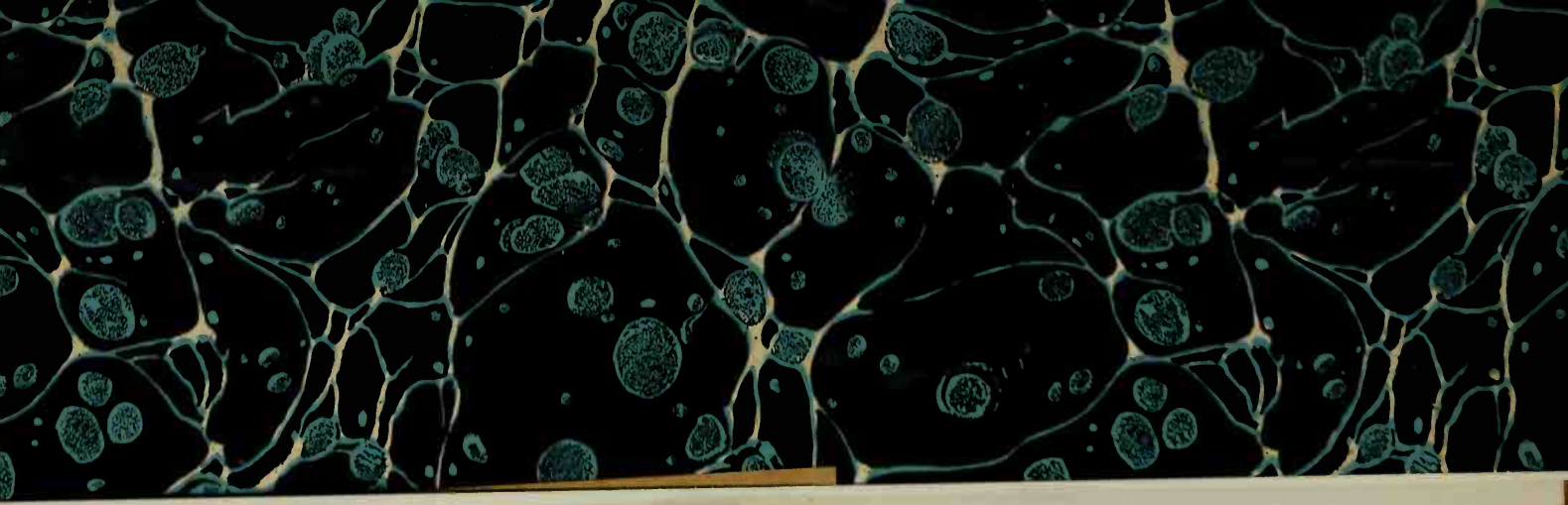
Transactions of the Third Annual Meeting of the American Child Health Association, May 17 to 22, 1926.

Annual Report, New York City Department of Health, 1924.

Report of the Seventh Session of the Health Committee of the League of Nations, June 19–20, 1926.

THE eyes, like sentinels, hold the highest place in the body.

—CICERO.



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